

990

Form Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2020**Open to Public Inspection****A For the 2020 calendar year, or tax year beginning 07/01/20, and ending 06/30/21****B Check if applicable:**

- Address change
 Name change
 Initial return
 Final return/
terminated
 Amended return
 Application pending

C Name of organization**DORCHESTER HABITAT FOR HUMANITY, INC**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

101 GREYBACK ROAD

Room/suite

*****-****8123**

City or town, state or province, country, and ZIP or foreign postal code

SUMMERTOWN SC 29483**843-851-1414****2,377,858****F Name and address of principal officer:****JAYE JONES ELLIOTT
101 GREYBACK ROAD
SUMMERTOWN SC 29483****H(a) Is this a group return for subordinates? Yes No****H(b) Are all subordinates included? Yes No**

If "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527**J Website: ► WWW.DORCHESTERHABITAT.ORG****H(c) Group exemption number ►****K Form of organization: Corporation Trust Association Other ►****L Year of formation: 1993****M State of legal domicile: SC****Part I Summary****1 Briefly describe the organization's mission or most significant activities:****SEE SCHEDULE O****2 Check this box ► If the organization discontinued its operations or disposed of more than 25% of its net assets.****3 Number of voting members of the governing body (Part VI, line 1a)****4 Number of independent voting members of the governing body (Part VI, line 1b)****5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)****6 Total number of volunteers (estimate if necessary)****7a Total unrelated business revenue from Part VIII, column (C), line 12****b Net unrelated business taxable income from Form 990-T, Part I, line 11**

3	14
4	14
5	23
6	280
7a	371,156
7b	0

Activities & Governance**Revenue****Expenses****Net Assets or Fund Balances**

Prior Year	Current Year
218,124	327,302
395,849	632,460
109	79
1,107,413	1,390,874
1,721,495	2,350,715
	0
	0
609,556	751,367
	0
80,186	
785,676	1,008,540
1,395,232	1,759,907
326,263	590,808
Beginning of Current Year	End of Year
4,099,530	4,637,729
742,755	690,146
3,356,775	3,947,583

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

JAYE JONES ELLIOTT**10/29/2021****PRESIDENT & CEO**

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

DERRICK V. APPLE, CPA

Preparer's signature

DERRICK V. APPLE, CPA

Date

10/28/21Check if self-employed*********

Firm's name

JARRARD, NOWELL & RUSSELL, LLC

Firm's EIN

*****-****8804**

Firm's address

**975 MORRISON DR
CHARLESTON, SC 29403**

Phone no.

843-723-2768

May the IRS discuss this return with the preparer shown above? See instructions

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

X Yes No

Form 990 (2020)

Part III Statement of Program Service Accomplishments

Check 'Schedule O' contains a response or note to any line in this Part II

- 1 Briefly describe the organization's mission:

SEE SCHEDULE O

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-Z?
-
- Yes
-
- No

If "Yes," describe these new services on Schedule O.

- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?
-
- Yes
-
- No

If "Yes," describe these changes on Part II O.

- 4 Describe the organization's program service requirements for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to enter the amount of grants and allocations to others. The total expenses and revenues, if any, for each program service appear:

4a (Code:) Expenses \$ 1,139,139 including grants of \$ Revenue \$ 1,581,427)

RESTORE PROGRAM - DHFH OPERATES A RESTORE WHICH SELLS DONATED ITEMS TO THE GENERAL PUBLIC TAX-FREE AND AT REDUCED PRICES. PROCEEDS FROM RESTORE SALES ARE USED TO FUND DHFH'S CONSTRUCTION AND HOMEOWNERSHIP PROGRAM. THE RESTORE IS OPEN EACH WEEK MONDAY THROUGH SATURDAY FROM 9 AM - 7 PM FOR SHOPPING AND TO ACCEPT DONATIONS. THE RESTORE ALSO PERFORMS SCHEDULED PICK-UPS FROM HOMES AND BUSINESSES SIX DAYS A WEEK. LOCAL BUSINESSES AND INDIVIDUALS GENEROUSLY DONATE NEW AND GENTLY USED ITEMS TO THE RESTORE. THE RESTORE UTILIZES HUNDREDS OF VOLUNTEERS TO KEEP ADMINISTRATIVE COSTS DOWN.

4b (Code:) Expenses \$ 504,812 including grants of \$ Revenue \$ 346,657)
SEE SCHEDULE O4c (Code:) Expenses \$ including grants of \$) Revenue \$)
N/A

4d Other program services (Describe on Schedule O)

(Expenses \$ 0 including grants of \$)

4e Total program service expenses \$ 1,643,951

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 947(e)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 X	--
2 Is the organization required to complete Schedule B, Schedule of Contributions (see instructions)?	2 X	--
3 Did the organization engage in direct or indirect political campaign activities or other political action to benefit or penalize a particular office? If "Yes," complete Schedule C, Part I	3 X	--
4 Did Section 501(c)(3) organizations, Did the organization engage in lobbying activities or have a section 501(c)(3) section in effect during the tax year? If "Yes," complete Schedule C, Part II	4 X	--
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 99-10? If "Yes," complete Schedule C, Part III	5 X	--
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors gave the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6 X	--
7 Did the organization receive or have a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7 X	--
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 X	--
9 Did the organization report an amount in Part X, line 21, for assets or cash in account liability, some as a cushion for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9 X	--
10 Did the organization, directly or through a trustee, organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10 X	--
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	--	--
a Did the organization record an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a X	--
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b X	--
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c X	--
d Did the organization record an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d X	--
e Did the organization record an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e X	--
f Did the organization's variable or convertible financial elements for the tax year include a fixed rate that exceed the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f X	--
12a Did the organization check segments: independent audit financial statements for the tax year? If "Yes," complete Schedule G, Parts XI and XII	12a X	--
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b X	--
13 Is the organization a school described in section 170(b)(1)(B)(ii)? If "Yes," complete Schedule E	13 X	--
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	--
b Did the organization have aggregate revenues or expenses of more than \$75,000 from grantmaking, fundraising, business, investment, and programmatic activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b X	--
15 Did the organization report on Part IX, column (C), line 5, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15 X	--
16 Did the organization report on Part IX, column (A), line 2, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16 X	--
17 Did the organization report a total of more than \$5,000 of expenses for professional (including services on Part IX, column (A), lines 3 and 17)? If "Yes," complete Schedule G, Part I (See instructions)	17 X	--
18 Did the organization report more than \$75,000 total of unrelated event gross income and contributions on Part XIII, lines 14 and 20? If "Yes," complete Schedule G, Part II	18 X	--
19 Did the organization report more than \$15,000 of gains in or to from gains realized on Part VII, line 5(a)? If "Yes," complete Schedule G, Part III	19 X	--
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a X	--
b If "Yes" to the 20a, did the organization attach a copy of its audited financial statements to this return?	20b X	--
21 Did the organization report more than \$20,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 12? If "Yes," complete Schedule J, Parts I and II	21 X	--

Part IV: Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or charitable assistance to other domestic businesses on Part IX, column (b), line 25? If "Yes," complete Schedule L, Part I and II.	22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, and 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23	X
24a	Did the organization have a tax-exempt bond issued with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 21, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding account at any time during the year to defer any tax-exempt bonds?	24c	
d	Did the organization act as an agent for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(e)(4), and 501(e)(25) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year and that the transaction has not been resolved or fully off the organization's prior Form 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	25b	X
26	Did the organization report any amount on Part X, line 6 or 22, for revenues from or wages to any element of former officer, director, trustee, key employee, trustee or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26	X
27	Did the organization provide a grant or other contribution to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 25% controlled entity (including an employee, himself or herself, member of any of these persons)? If "Yes," complete Schedule L, Part III.	27	X
28	Was the organization in party to a business transaction with one of the following parties (see Schedule M, Part V including, if applicable filing thresholds, conditions, and exceptions):	28a	
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.	28b	X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b	X
c	A 25% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c	X
29	Did the organization receive more than \$25,000 in non-cash non-bonds? If "Yes," complete Schedule M.	29	X
30	Did the organization receive contributions of art, historical documents, or other similar assets or qualified conservation contributions? If "Yes," complete Schedule M.	30	X
31	Did the organization calculate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.	32	X
33	Did the organization own 100% of another organization or receive funds from the organization under regulations section 301.701-2 and 301.770-3? If "Yes," complete Schedule P, Part I.	33	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, II, and III, and Part V, line 1.	34	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b	If "Yes" to line 35a, did the organization receive any payment from or owe any to any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	36b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable entity organization? If "Yes," complete Schedule R, Part V, line 2.	36	X
37	Did the organization conduct more than 3% of its activities through an entity that is not a related organization and that is involved as a partner in federal income tax purposes? If "Yes," complete Schedule P, Part VI.	37	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11a and 12? Note: All Form 990 lines are required to complete Schedule H, O.	38	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1088, Part C-1 that applies.	1a	10
b	Enter the number of Forms W-2G included in the 1a. Enter 0 if no applicable.	1b	0
c	Did the organization comply with backup withholding rules for taxable payments to tenants and nonresident gambling establishment winnings? If "Yes," complete Schedule P, Part VI.	1c	X

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
2a. Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, file for the calendar year ending with or within the year covered by this return:	2a	23
b. If a "Yes," one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250 you may be required to e-File (see instructions)	2b	<input checked="" type="checkbox"/>
3a. Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<input checked="" type="checkbox"/>
b. If "Yes," has it filed a Form 990-T for this year? If "No," file the 990-T now (see instructions on Schedule O)	3b	<input checked="" type="checkbox"/>
4a. At any time during the calendar year did the organization have an interest in one signature or other authority over, or financial control of, a signatory bank account, securities account, or other financial account? If "Yes," enter the name of the financial security ► See instructions for filing requirements for FINCEN Form 144, Report of Foreign Bank and Financial Accounts (FBAR)	4a	<input checked="" type="checkbox"/>
b. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<input checked="" type="checkbox"/>
c. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<input checked="" type="checkbox"/>
d. If "Yes" to line 5a or 5b, did the organization file Form 990-T?	5c	
6a. Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization deduct any contributions that were not tax deductible as charitable contributions?	6a	<input checked="" type="checkbox"/>
b. If "Yes," did the organization include with every contribution an express statement that such contributions or gifts were not tax deductible?	6b	
7. Organizations that may receive deductible contributions under section 170(e).		
a. Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	<input checked="" type="checkbox"/>
b. If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c. Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 990-T?	7c	<input checked="" type="checkbox"/>
d. If "Yes," indicate the number of Forms 990-T filed during the year.	7d	
e. Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f. Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g. Did the organization received a contribution of qualified intellectual property; did the organization file Form 990-T required?	7g	
h. Did the organization received a contribution of cars, boats, airplanes, or other vehicles; did the organization file a Form 1098-C?	7h	
8. Sponsoring organizations maintaining donor advised funds. Do a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9. Sponsoring organizations maintaining donor advised funds.		
a. Did the sponsoring organization make any taxable distributions under section 483(f)?	9a	<input checked="" type="checkbox"/>
b. Did the sponsoring organization make a distribution to a donor advised or related person?	9b	<input checked="" type="checkbox"/>
10. Section 501(c)(7) organizations. Enter:		
a. Initiation fees and capital contributions included on Part VIII, line 12	10a	
b. Gross receipts included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11. Section 501(c)(18) organizations. Enter:		
a. Gross income from members in their capacities	11a	
b. Gross income from other sources (Deductible amounts due or paid to other resources against amounts due or received from them)	11b	
12a. Section 4847(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b. If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13. Section 501(c)(29) qualified nonprofit health insurance issuers.		
a. Is the organization allowed to keep up affiliated health plans in more than one state?	13a	
Note: See the instructions for additional information the organization must report on Schedule O.		
b. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to do business (not in part)	13b	
c. Enter the amount of reserves retained	13c	
14a. Did the organization receive any payments for investor training services during the tax year?	14a	<input checked="" type="checkbox"/>
b. If "Yes," has it filed a Form 926 to report these payments? If "No," provide an explanation on Schedule O	14b	
15. Is the organization subject to the section 4902 tax on payment(s) of more than \$1,000,000 in remuneration, or excess compensation payment(s) during the year?	15	<input checked="" type="checkbox"/>
If "Yes," see instructions and file Form 4720, Schedule N.		
16. Is the organization an educational institution subject to the section 4908 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16	<input checked="" type="checkbox"/>

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C. See Instructions. Check if Schedule O contains a response or note to any line in this Part VI.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body or if the governing body delegates broad authority to an executive committee or similar committee, explain on Schedule C.	14	
1b	Enter the number of voting members related on line 1a above who are independent.	14	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	3	<input checked="" type="checkbox"/>
3	Did the organization delegate control over more general duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the most Form 990 was filed?	4	<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	<input checked="" type="checkbox"/>
6	Did the organization have members or shareholders?	6	<input checked="" type="checkbox"/>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to review by) members, stockholders, or anyone other than the governing body?	7b	<input checked="" type="checkbox"/>
8	Did the organization consistently document the meetings held or major actions undertaken during the year by the following:		
a	The governing body?	8a	<input checked="" type="checkbox"/>
b	Each committee with authority to act on behalf of the governing body?	8b	<input checked="" type="checkbox"/>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule D.	9	<input checked="" type="checkbox"/>

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local, regional, branches, or affiliates?	10a	<input checked="" type="checkbox"/>
b	If "Yes," did the organization have written policies and procedures governing the activities of such branches, affiliates, and branches to ensure their operations are consistent with the organization's mission, purpose?	10b	
11a	Has the organization provided a complete copy of the Form 990 to all members of its governing body before filing the form?	11a	<input checked="" type="checkbox"/>
b	Describe in Schedule D the process, if any, used by the organization to review the Form 990.	11b	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	12a	<input checked="" type="checkbox"/>
b	Were officers, directors, or trustees and key employees required to disclose annually interests that could give rise to conflicts?	12b	<input checked="" type="checkbox"/>
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule D how this was done.	12c	<input checked="" type="checkbox"/>
13	Did the organization have a written whistleblower policy?	13	<input checked="" type="checkbox"/>
14	Did the organization have a written document retention and destruction policy?	14	<input checked="" type="checkbox"/>
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the calculation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	<input checked="" type="checkbox"/>
b	Other officers or key employees of the organization	15b	<input checked="" type="checkbox"/>
	If "Yes" to the 1a or 15, describe the process in Schedule D (see instructions).		
16a	Did the organization invest in, contribute assets to, or contribute to a joint venture or similar arrangement with a taxable entity during the year?	16a	<input checked="" type="checkbox"/>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in, or the terms of, arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ►	SC	
18	Section 1071 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), Schedules, and 990-T (Schedule B) available for public inspection. Indicate how you made these available. Check all that apply.		
	<input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> User request <input type="checkbox"/> Other (explain on Schedule O)		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 6104 financial statements available to the public during the tax year.		
20	State the name, address, and telephone number of the person who possesses the organization's books and records ►		
	JAYE JONES ELECTOR SUMMERTVILLE	101 GRAYBACK ROAD	SC 29483 843-851-1414

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Part VII! Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a. Complete the table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter "0" in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's current key employees. See Soc instruction for definition of "key employee."

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reasonable compensation (Box 5 of Form W-9 or Box 7 of Form 1095-B/1096) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reasonable compensation from the organization and any related organizations.

- List all of the organization's former directors or trustees that received, in the taxable year, compensation as a former director or trustee of the organization, more than \$10,000 of reasonable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(b) Name and title	(c) Average hours per week for pay from the organization (enter whole num- ber)	(d) Annual compensation from the organization for services rendered to the organization in the taxable year (enter whole numbers)						(e) Separate compensa- tion from related organizations (enter whole numbers)	(f) Reasonable compensa- tion from related organizations (enter whole numbers)	(g) Estimated total of other compensa- tion from related organizations (enter whole numbers)
		1	2	3	4	5	6			
(1) JAYE JONES ELLIOTT	40.00									
PRESIDENT & CEO	0.00			X				66,600	0	0
(2) CHRIS ACKERMAN	0.00									
DIRECTOR	0.00	X						0	0	0
(3) ROBERT ARRINGTON	0.00									
DIRECTOR	0.00	X						0	0	0
(4) MICHAEL AVANT	0.00									
DIRECTOR	0.00	X						0	0	0
(5) MIKE BRANHAM	0.00									
DIRECTOR	0.00	X						0	0	0
(6) TAMMY DEMPSTER	0.00									
TREASURER	0.00	X	X					0	0	0
(7) CHRIS DIGBY	0.00									
DIRECTOR	0.00	X						0	0	0
(8) TODD FRIDDLE	0.00									
SECRETARY	0.00	X	X					0	0	0
(9) SCOTT LEISTER	0.00									
VICE CHAIR	0.00	X	X					0	0	0
(10) MIKE MONTEI	0.00									
DIRECTOR	0.00	X						0	0	0
(11) SANDY O'KEEFE	0.00									
DIRECTOR	0.00	X						0	0	0

Form 990 (2020)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Position Title or classification, such as director, trustee, key employee, and compensation rate	(C) Executive compensation for the organization (W-9/2019)					(D) Executive compensation from other organizations (W-9/2019)	(E) Executive compensation from the organization and other organizations
		1 Salary or wages or fees or other compensa- tion from the organization	2 Bonuses or compen- sation from the organization	3 Stock options or equity compensa- tion from the organization	4 Other compen- sation from the organization	5 Total compen- sation from the organization		
(12) SHERRY SHEPPARD DIRECTOR	0.00 0.00 X					0	0	0
(13) BRENT TATUM Chair	0.00 0.00 X X					0	0	0
(14) DUANE THOMPSON DIRECTOR	0.00 0.00 X					0	0	0
(15) PHILLIP WILSON Director	0.00 0.00 X					0	0	0
.....							
.....							
.....							
.....							
1b Subtotal .....	..... ►	66,689						
a Total from continuation sheets to Part VI, Section A ►							
d Total (add lines 1b and 1c) .....	..... ►	66,688						
e Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 0								

	Type No.
3 Did the organization list any former officer, director, trustee, key employee, or related individual entity on line 1c if "Yes," complete Schedule J for such individual	3 X
4 For any individual listed on line 3a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4 X
5 Did any person listed on line 1 receive or provide consulting services from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5 X

Section B. Independent Contractors

- 1 Complete this table for your top 10 highest compensated independent contractors that received more than \$100,000 of
compensation from the organization. Report compensation for the calendar year ending within the organization's tax year.

(A) Name and Tax Address	(B) Reported Amount	(C) Comments
.....
.....
.....
.....
.....
.....
.....
.....
.....

- 2 Total number of independent contractors (including but not limited to those listed above) who
received more than \$100,000 of compensation from the organization ► 0

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Excluded from honorarium	(C) Less honorarium from revenue	(D) Revenue included in Schedule O Line 13, 14 & 15
Grants and Other Similar Amounts					
Contributions	a Federated campaign	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (including):				
	f All other contributions (not included above)	1f	327,302		
	g Noncon contributions included in line 1c	1g	25,440		
	h Total, Add lines 1a-1f		327,302		
Program Service Revenue					
		Current Year			
	2a Income from Land processes	442,000	371,156		371,156
	b Program costs, net		141,697	141,697	
	c Membership discount subsidies		119,607	119,607	
	d				
	e				
	f All other program service revenue				
	g Total, Add lines 2a-2f		632,460		
Other Revenue					
	3 Investment income (including dividends, interest, and other similar amounts)		79	79	
	4 Income from investment of tax-exempt land processes				
	5 Royalties				
	6a Grants	6a			
	b Income from sales	6b			
	c Gain or loss	6c			
	d Net rental income or loss				
	7a Gross amount from sales of excess or worn out property				
	b Less: sales expenses	7b			
	c Gain or loss	7c			
	d Net gain or loss				
	8a Gross income from food & drink events not including \$				
	of which amounts reported on line 1b:				
	See Part IV, line 1b	8a	75,671		
	b Less: direct expenses	8b	27,143		
	c Net income or (loss) from fundraising events		48,528		48,528
	8a Gross income from gaming activities				
	See Part IV, line 1b	8a			
	b Less: direct expenses	8b			
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances	10a	1,210,271		
	b Less: cost of goods sold	10b			
	c Net income or (loss) from sales of inventory		1,210,271	1,210,271	
Miscellaneous Revenue					
	11a Other income				
		900,099	132,075	132,075	
	b				
	c				
	d All other revenue				
	e Total, Add lines 11a-11c		132,075		
	12 Total revenue. See instructions		2,350,715	1,603,729	371,156
					48,528

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations may complete column (A).

Check if Schedule 1B contains a response or type in any line in Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to individuals and related governments. See Part IV, line 22.				
2 Grants and other assistance to individuals and families. See Part IV, line 22.				
3 Grants and other assistance to wholly-owned corporations, foreign governments, and foreign individuals. See Part V, lines 16 and 17.				
4 Benefits paid to plan participants.				
5 Compensation of outside officers, directors, trustees, and key employees.	66,688	56,685	4,668	5,335
6 Compensation not included above of deductible persons (as defined under section 498(b)(1)) and persons described in section 498(a)(3)(E).				
7 Other salaries and wages.	620,431	573,639	3,999	42,793
8 Pension plan expenses and contributions (from Section 401(a) and 403(b) employer contributions).	19,967	18,029		1,938
9 Other employee benefits.	44,281	40,182	449	3,650
11 Fees for services (including payroll):				
a Management.				
b Legal.				
c Accounting.				
d Lobbying.				
e Professional Licensing services. See Part V, line 17.				
f Investment management fees.				
g Other (See Schedule 1B if more than one category shown on the following line items.)	119,985	96,985	14,893	8,107
12 Advertising and promotion.	94,703	92,934	367	1,402
13 Office expenses.				
14 Information technology.				
15 Hospitality.				
16 Occupancy.	40,640	43,944	2,185	2,511
17 Travel.	11,619	10,442	12	1,165
18 Payments of lease or establishment expenses for any federal, state, or local public officials.				
19 Conventions, conventions and meetings.				
20 Lodging.	30,084	26,183	1,819	2,082
21 Payments to affiliates.				
22 Depletion, depletion and amortization.	50,325	44,304	3,225	2,796
23 Insurance.	61,614	58,149	1,350	2,115
24 Other expenses. Itemize expenses not covered above (do not include expenses on line 26). If the 24th amount exceeds 10% of line 26, attach a detailed schedule of line 24 expenses on Schedule A (1).				
a COST OF HOMES SOLD.	237,687	237,687		
b SUPPLIES, RESTORE.	232,264	232,264		
c BANK AND PROCESSING FEES.	34,944	34,944		
d HOMEOWNER AND VOLUNTEER C.	20,784	20,784		
e All other expenses.	65,891	56,796	2,803	6,292
26 Total functional expenses. Add lines 1 through 24.	1,759,907	1,693,951	35,770	90,186
26 Joint costs. Check this line only if the organization reports in column B, and costs from a joint life educational campaign are functioning so division. Check here ► <input type="checkbox"/> If following 501(c)(3) (ASC 553-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year	(B) End of year
Assets			
1	Cash—on-hand/bearing	111,565	326,055
2	Savings at temporary cash investments	312,769	374,810
3	Pledges and grants receivable, net	3	
4	Accounts receivable, net	17,529	16,665
5	Loans and other receivables from any current or former officer, director trustee, key employee, creditor or founder, substantial contributor, or 10% controlled entity or family member of any of these persons		
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(f)(2)(B)		
7	Notes and loans receivable, net	1,429,137	1,499,471
8	Inventories leased or use	8	
9	Prepaid expenses and deferred charges	9	
10a	Land, buildings, and equipment, less an offset (see Complete Part VI of Schedule D)	2,009,671	
b	Less: accumulated depreciation	557,779	1,452,092
11	Investments—publicly traded securities	11	
12	Investments—other securities. See Part IV, line 11	12	
13	Investments—long-term advance. See Part IV, line 11	13	
14	Intangible assets	14	
15	Other assets. See Part IV, line 11	824,003	968,636
16	Total assets. Add lines 1 through 15 (including line 3a)	4,099,530	4,637,729
Liabilities			
17	Accrued payables and accrued expenses	71,523	87,046
18	Grants payable	18	
19	Deferred revenue	19	
20	Tax-exempt bond liabilities	20	
21	Debtors or accounts in liability. Complete Part IV in Schedule D	21	
22	Loans and other payables to any current or former officer, director trustee, key employee, creditor or founder, substantial contributor, or 10% controlled entity or family member of any of these persons	22	
23	Secured mortgages and notes payable to unrelated third parties	671,232	603,100
24	Unsecured notes and loans payable to unrelated third parties	24	
25	Other liabilities (not including refund income tax, practice or related third parties, and oil or gas liabilities not required on lines 17-24). Complete Part X of Schedule D	25	
26	Total liabilities. Add lines 17 through 25	742,755	890,146
Net Assets			
27	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 29, and 33.		
27	Net assets will cut under regulation	3,328,975	3,920,763
28	Net assets with donor restrictions	27,800	26,800
29	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.		
30	Capital stock or trust principal or amortization	29	
31	Part of capital surplus, or end, building or equipment fund	30	
31	Retained earnings, or downpaid, accumulated income, or other funds	31	
32	Total net assets or fund balances	3,356,775	3,947,583
33	Total liabilities and net assets/fund balances	4,099,530	4,637,729

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Part XI Reconciliation of Net AssetsCheck if Schedule O contains a reacorse or note to any line in this Part XI

1 Total revenue (line 8, equal Part VII, column (A), line 12)	1	2,350,715
2 Total expenses (trust equal Part IV, column (A), line 25)	2	1,759,907
3 Revenue less expenses. Subtract line 2 from line 1	3	590,808
4 Net assets or fund balances at beginning of year (not equal Part X, line 12, column (A))	4	3,356,775
5 Net assets/gains (losses) or investments	5	
6 Donor services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	0
9 Other changes in net assets or fund balances (explain on Schedule O)	9	
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,947,583

Part XII: Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from accrual to cash or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	2b	X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "No" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X
If the organization changes either its oversight process or selection process during the tax year, explain in Schedule O.		
d As a result of a federal award, was the organization required to undergo an audit or review as set forth in the Single Audit Act and OMB Circular A-133?	2d	X
e If "Yes" to the organization undergo the review audit, explain if the organization did not undergo the required audit or review, explain why in Schedule O and describe any steps taken to undergo such audits	2e	

Form 990 page

SCHEDULE A
(Form 990 or 990-EZ)**Public Charity Status and Public Support**

OMB No. 1545-0001

2020Open to Public
InspectionExplanatory Text
Form 990 and 990-EZ

Complete this information for section 501(c)(3) organizations or section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

DORCHESTER HABITAT FOR HUMANITY, INCEmployer Identification number
44-3448123**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See Instructions.

The organization is not a private foundation because it is: (Check one through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii).
- 2 A school described in section 170(b)(1)(A)(i). Check Schedule E (Form 990 or 990-EZ).
3 A hospital or a cooperative health service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization associated in conjunction with a hospital described in section 170(b)(1)(A)(ii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or government unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(vii) operated in conjunction with a land grant college or university or a non land grant college of agriculture (see Part II, line 9). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than \$3,133 of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than \$31,330 of its support from gross investment income and unrelated business taxable income (see code section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 511(a)(2). (Complete Part II.)
- 11 An organization organized and operated exclusively to test for public safety. See section 519(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations created in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12c, then box 14a of Part II, if your organization and complete lines 12a, 12c, and 14a.
- a Type I: A supporting organization controlled, supervised, or conducted by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the director or trustee of the supporting organization. You must complete Part IV, Sections A and B.
 - b Type II: A supporting organization supervised or controlled in connection with its supported organization(s), by having control of management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c Type III: Functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see Part IV, section D). You must complete Part IV, Sections A, D, and E.
 - d Type III: Nonfunctionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement, 60% of assets versus requirements (see Part IV, section D). You must complete Part IV, Sections A and D, and Part VI.
 - e Check this box if the organization receives a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III nonfunctionally integrated supporting organization.
- F Enter the number of self-related organizations: _____
- g Provide the following information about the supported organization(s):

(b) Name of supported organization	(c) Address	(d) Type of organization (check one box below) Show your first ranking:	(e) Is the organization Exempt under Section 501(c)?		(f) Amount of money supported Individually: \$	(g) Amount of disbursements related to (d)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2020

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III, if the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year for fiscal year beginning in:	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and contributions received (Do not include any unusual grants.)	134,640	143,226	155,048	218,124	327,302	1,038,746
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a government and to the organization without charge						
4 Total. Add lines 1 through 3	134,640	143,226	155,048	218,124	327,302	1,038,746
5 The portion of total contributions by one person (other than a government and/or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 1, column (f)						
6 Public support. Subtract line 5 from line 4						1,038,746

Section B. Total Support

Calendar year for fiscal year beginning in:	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 7	134,640	143,226	155,048	218,124	327,302	1,038,746
8 Gross income from interest, dividends, royalties, rentals, royalties, and income from similar sources						
9 Net income from unrelated business activities, and other than the business it regularly carries on	1,442	203	2,251	109	79	1,725
10 Other income. Do not include gain or loss from the sale of capital assets (explain in Part VI)						
11 Total support. Add lines 7 through 10						1,118,571
12 Gross receipts from related activities, etc. (see instructions)						0
13 Final 5 years. If the Form 990-EZ for the organization for the second, third, fourth, or fifth tax year since section 57(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	52.02%
15 Public support percentage from 2019 Schedule A, Part I, line 14	13	52.38%
16a 50-10% support test—2020. If the organization did not check the box on line 13 and line 14 is 38-15% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 50-10% support test—2019. If the organization did not check a box on line 13 or 18, and line 15 is 38-10% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% facts-and-circumstances test—2020. If the organization did not check a box on the 18, 18a, or 18b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, mark the box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% facts-and-circumstances test—2019. If the organization did not check a box on line 13, 18a, 18b, or 18c and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 18a, 18b, 18c or 18d, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2020 DORCHESTER HABITAT FOR HUMANITY, INC. ***-***8123 Page 2

Part III: Support Schedule for Organizations Described In Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1. Gifts, grants, contributions and amounts from other organizations described in section 509(a)(2)						
2. Gross receipts from admissions, merchandise sales or services furnished, or rentals entered into by the organization for its exempt purpose						
3. Gross receipts from activities that are not an unrelated trade or business described on S13						
4. Tax revenue used for the organization's benefit and other paid to or expended on its behalf						
5. The value of services or facilities furnished by a government unit to the organization without charge						
6. Total, Add lines 1 through 5						
7a. Amounts included on lines 1, 2, and 3 received from disqualified persons						
b. Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c. Add lines 7a and 7b						
8. Public support (Round off line 7c from line 8)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9. Amounts from line 8						
10a. Gross income from interest, dividends, payments received on securities, rents, royalties, and income from similar sources						
b. Interest on business taxable income (less section 6111 taxes) from businesses acquired after June 29, 1976						
c. Add lines 10a and 10b						
11. Net income from unrelated business activities not included in line 10c, whether or not the business is regularly carried on						
12. Other income. Do not include gain or loss from the sale of capital assets (except in Part VI)						
13. Total support (Add lines 8, 10c, 11, 12c)						
14. First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15. Public support percentage for 2020 (line 8, column (f), divided by the 13, column (f))	15	%
16. Public support percentage from 2019 Schedule A, Part II, line 1b	16	%

Section D. Computation of Investment Income Percentage

17. Investment income percentage for 2020 (line 10c, column (f), divided by line 8, column (f))	17	%
18. Investment income percentage from 2019 Schedule A, Part II, line 17	18	%
19a. 33 1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
b. 33 1/3% support tests—2019. If the organization did not check the box on line 14 or the 10c, and the 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
20. Private foundation. If the organization did not check a box on line 14, 18a, or 19b, check this box and see instructions. ► <input type="checkbox"/>		

S: 990-EZ; com 8-0 v-840-24 2020

DORCHESTER HABITAT FOR HUMANITY, INC. ***-***8123

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Part W Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, C, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part W how the supported organizations are designated. If designated by class or category, describe the designation. If historic and continuing relationships, explain.	1	0
2 Did the organization have any employee organizations that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part W how the organization determined that the employee organization was described in section 509(a)(1) or (2).	2	0
3a Did the organization have a successor organization described in section 501(c)(4), (5), or (6)? If "Yes," answer items 3b and 3c below.	3a	0
b Did the organization confirm that each successor organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "No," describe in Part W when and how the organization made the determination.	3b	0
c Did the organization ensure that all support to such organization was used exclusively for section 170(c)(2)(B) purposes? If "Yes," describe in Part W what controls the organization put in place to ensure such use.	3c	0
4a Was any supported organization not organized in the United States ("foreign-supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a	0
b Did the organization have ultimate control and character in deciding whether to make grants to the foreign-supported organization? If "Yes," describe in Part W how the organization had such control and whether grants being contributed are intended (or in connection with) the supported organization.	4b	0
c Did the organization support any foreign-supported organization that does not have an IRS determination of status under section 501(c)(3); and 509(a)(1) or (2)? If "Yes," explain in Part W what controls the organization used to ensure that all support to the foreign-supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	0
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," describe items 5b and 5c below (if applicable). Also, provide detail in Part W, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for such such action; (iii) the authority under the organization's organizing documents authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing documents).	5a	0
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing documents?	5b	0
c Substitutions only. Was the substitution the result of an event before the organization's return?	5c	0
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than: (i) its supported organizations; (ii) individuals that are part of the charitable uses benefited by one or more of its supported organizations; or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part W.	6	0
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4955(e)(3)(C)), & family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part F of Schedule L (Form 990 or 990-EZ).	7	0
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part F of Schedule L (Form 990 or 990-EZ).	8	0
9a Was the organization controlled directly or indirectly for any time during the tax year by one or more disqualified persons, as defined in section 4958 (other than foundation managers and organizations described in section 509(a)(1); or (2))? If "Yes," provide detail in Part W.	9a	0
b Did one or more disqualified persons (as defined in line 9a) had a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part W.	9b	0
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization had an interest? If "Yes," provide detail in Part W.	9c	0
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(b) regarding certain Type II supporting organizations and all Type III non-functionally integrated supporting organizations? If "Yes," answer the following:	10a	0
b Did the organization have any excess business holdings in the tax year? (See Schedule G, Form 4720, to determine whether the organization had excess business holdings.)	10b	0

Part IV. Supporting Organizations (continued)

11. Did the organization accept, right or contribute from any of the following persons:
- A person who directly or indirectly controls, owns 5% or together with persons described in lines 1a and 1b below, the governing body of a supported organization
 - A family member of a person described in line 1a above
 - A 50% controlled entity of a person described in line 1a or 1b above if that person (or 1c, if applicable) provides services to the organization

	Yes	No
1a		
1b		
1c		

Section B. Type I Supporting Organizations

1. Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more subcommittees, regularly have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "Yes," describe in Part V how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how its power to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2. Did the organization operate for the benefit of any supported organization other than the supporting organization(s); the operator, supervisor, or controller of the supporting organization? If "Yes," explain in Part V how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

1. Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organizations? If "Yes," describe in Part V how control or management of the subsidiary organization(s) was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

Section D. All Type III Supporting Organizations

1. Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the previous year, (ii) copies of the Form 990 (Part VIII, lines 1 and 2), recently filed, of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, in the event not previously provided?
2. Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "Yes," describe in Part V how the organization maintained a close and continuous working relationship with the supported organization(s).
3. By reason of the relationship described in the 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in setting the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part V the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1. Check the box next to me method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- The organization satisfies the Affiliate Test. Complete line 2 below.
 - The organization is the parent, of each, of its supported organizations. Complete line 3 below.
 - The organization supports a governmental entity. Describe in Part V how you satisfy the governmental entity (see instructions).

	Yes	No
--	-----	----

2. Activities Test. Answer lines 2a and 2b below.
- a. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsible? If "Yes," describe in Part VI (a) those supported organization(s) and (b) how these activities directly furthered their exempt purposes, how the organization was responsible to those supported organization(s), and how the organization determined that these activities constituted substantially all of its activities.
- b. Did the activities described in line 2a above, consist no activities that, but for the organization's involvement, one or more of the organization(s) supported organization(s) would have been engaged in? If "Yes," explain in Part VI (b) the reasons for the organization's position that the supported organization(s) would have engaged in these activities but for the organization's involvement.
3. Form of Supported Organizations. Answer lines 3a and 3b below.
- a. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organization(s)? If "Yes" or "No," provide details in Part VII.
- b. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organization(s)? If "Yes," describe in Part VII the role played by the organization in the project.

	Yes	No
2a		
2b		
3a		
3b		

Schedule A (Form 990 or 8800-D) 2020

DORCHESTER HABITAT FOR HUMANITY, INC. ***-***8123

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- Check here if the organization satisfied the Regula Part test as a qualifying trust on Nov. 23, 1970 (explain in Part VI). See Instructions. If other, Type II non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)
1 Net cash from operations	1	
2 Receivables of other-type cash balances	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses held or incurred for production or collection of gross income or for management, control, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (summed lines 4, 5, and 7 from line 4)	8	
Section B - Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exemptible assets (see Instructions to Part IV, section C, of assets held for part of year):		
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exemptible assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Disbursements for management of other assets (explain in detail in Part IV)		
2 Acquisition indebtedness applicable to non-exemptible assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 0.0 if line 3 (for greater account, see instructions)	4	
5 Net value of non-exemptible assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by 0.035	6	
7 Result of previous distribution	7	
8 Minimum Asset Amount (add lines 6 to line 7)	8	
Section C - Distributable Amount	(A) Prior Year	Current Year
1 Adjustment for prior year (from Section A, line 8, column A)	1	
2 Enter 0.85 of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4 unless subject to emergency temporary reduction (see instructions)	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)		

Schedule A (Form 990 or 8800-D) 2020

Part V. Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year	
1. Amounts paid to supported organizations in connection with exempt purposes			
2. Amounts paid to perform activity beneficially for the exempt purposes of supported organizations, in excess of income from activity			
3. Administrative expenses paid to accomplish exempt purposes of supported organizations			
4. Amounts held to acquire exempt-class assets			
5. Qualified selectable amounts (for IRS approval required—please retain in Part VI). See instructions.			
6. Other distributions (describe in Part VI; See instructions).			
7. Total annual distributions. Add lines 1 through 6.			
8. Contributions to other supported organizations which the organization is responsible for (see Part VI; See instructions).			
9. Contributions remaining by 2020 from Section C line 8			
10. Line 8 amount retained by the organization			
Section E - Distribution Allocations (see instructions)			
	(I) Excess Distributions	(II) Underdistributions Pre-2020	(III) Distribution Amount for 2020
1. Distributable amount for 2020 from Section C line 8			
2. Underdistributable amount for years prior to 2020 (reasonable cause required—explain in Part VI; See instructions).			
3. Excess distributions carryover, carry over 2020			
a. From 2016			
b. From 2017			
c. From 2018			
d. From 2019			
e. From 2020			
4. Total of lines 3a through 3e			
g. Applied to underdistributions of prior years			
h. Applied to 2020 distributable amount			
i. Carryover from 2016 not applied (see instructions)			
j. Remaining balance (line 3g, 3h, and 3i from line 3e)			
4. Distributions for 2020 from Section D, line 7:	5		
a. Applied to underdistributions of prior years			
b. Applied to 2020 distributable amount			
c. Remaining balance (line 4b from line 4a)			
5. Remaining underdistributions for years prior to 2020 if any. Subtract line 3j and line 4b from line 2. For result greater than zero, explain in Part VI. See instructions.			
6. Remaining underdistributions for 2020. Subtract lines 3j and 4b from line 1. If result greater than zero, explain in Part VI. See instructions.			
7. Excess distributions carryover to 2021. Add lines 3j and 4c.			
8. Breakdown of line 7:			
a. Excess from 2016			
b. Excess from 2017			
c. Excess from 2018			
d. Excess from 2019			
e. Excess from 2020			

Schedule A (Form 890 or 990-EZ) 2020 DORCHESTER HABITAT FOR HUMANITY, INC. *-***8123 Page 6**

Part VI. Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4a, 4c, 5a, 5b, 9a, 9b, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1a, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1a; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B
 (Form 990, 990-EZ,
 or 990-PF)
 U.S. Small Business Tax
 Return

Schedule of Contributors

OMB No. 1512-0017

► Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ► Go to www.irs.gov/Form990 for the latest information.

2020

Name of the organization

Employer identification number

DORCHESTER HABITAT FOR HUMANITY, INC

-8123

Organization type (check one):

Filer(s) Section:

Form 990 or 990-EZ 501(c)(3); 3 ; (enter a number) organization 4947(a)(1) nonexempt charitable just not treated as a private foundation 507 ; (enter) organizationForm 990-PF 501(c)(3); exempt private foundation 4947(a)(1) nonexempt charitable just treated as a private foundation 501(c)(3); taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (9), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$6,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contribution's total value.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that receives 20% or less of its total contributions under sections 501(c)(7), and 170(b)(1)(A)(ii) that checked Part I-A (Form 990 or 990-EZ), Part I, the "3," "18a," or "18b," and that received contributions over consecutive years, during the year, total equal to one of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VII, line 1b; or (ii) Form 990-EZ, line 1, Cumulative Parts I and II.
- For an organization described in section 501(c)(7), (8), (9), or (10) filing Form 990 or 990-PF that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering total in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-PF that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but the total contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to the organization because it was not exclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year. ► S

Caution: An organization that isn't covered by the General Rule under the Special Rules (except the Schedule B (Form 990, 990-EZ, or 990-PF) test) must answer "No" on Part V, line 2, of its Form 990; or check the box on line 1 of its Form 990-EZ or line 11 of its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

DORCHESTER HABITAT FOR HUMANITY, INC.

Employer identification number

-*8323

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SC CARES GRANT P.O. BOX 249 MAULDIN SC 29662	\$ 49,798	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributors.)
2	PUBLIX SUPERMARKETS CHARITIES PO BOX 407 LAKELAND FL 33802	\$ 8,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributors.)
3	TRUST FOUNDATION 214 N. TYRON STREET CHARLOTTE NC 28202	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributors.)
4	SCOTT PARSELL 3150 West Montague Ave. NORTH CHARLESTON SC 29416	\$ 29,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributors.)
5	SMALL BUSINESS ADMINISTRATION 409 3RD ST SW WASHINGTON DC 20416	\$ 110,890	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part I for noncash contributions.)
.....	.....	\$ ..... .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part I for noncash contributions.)

SCHEDULE D
(Form 990)Statement of the Year
Dated January 2020**Supplemental Financial Statements**► Complete if the organization answered "Yes" on Form 990,
Part IV, lines 6, 7, & 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1525-1029 2020

2020Open to Public
Inspection

Name of the organization

Check your organization number

DORCHESTER HABITAT FOR HUMANITY, INC

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Part I. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	X) Donor Advised Funds	Y) Other similar funds
1 Total number of accounts		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization itemize all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? (If no, attach a statement explaining why.)		□ Yes □ No
6 Did the organization itemize grants, donations, and donor advisories in writing that grant funds can be used only for charitable purposes and no, for the benefit of the donor or donor advisor, or for any other purpose? (If no, attach a statement explaining why.)		□ Yes □ No

Part II. Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply):

- Preservation of land for public use (for example, recreation or education) Preservation of a historically important landscape
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d. If the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year:

	Total at the End of the Tax Year
2a	
2b	
2c	
2d	

3 Complete lines 3a through 3d. If the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year:

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 12/31/06, and not on a historic structure listed in the National Register

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

- 4 Number of acres where property subject to conservation easement is located ►
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling, or maintenance of the conservation easements it holds?
 (If no, attach a statement explaining why.)
 Yes No
6 Self-titled volunteer force devoted to monitoring, inspecting, handling, or maintaining conservation easements during the year
 ►
7 Amount of expenses incurred in monitoring, inspecting, handling, or maintaining, and enforcing, conservation easements during the year
 ► \$
8 Does each conservation easement reported on line 3(d) above satisfy the requirements of section 170(h)(4)(B)(i)
 and section 170(h)(4)(B)(ii)?
 Yes No
9 In Part XII, describe how the organization tracks conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnotes to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

10 If the organization elected, as permitted under TIASB ASC 950, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for a fine collection, education, or research in furtherance of public service, provide in Part XI, the text of the footnote to its financial statement to the effect: See Note [] below.**11 If the organization elected, as permitted under TIASB ASC 950, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for a fine collection, education, or research in furtherance of public service, provide the following amounts relating to those items:**

- (i) Revenue included in Form 990, Part VIII, line 1 ► \$
(ii) Assets included in Form 990, Part X ► \$
12 If the organization receives or holds works of art, historical treasures, or other similar assets for investment, provide the following amounts relating to be reported under TIASB ASC 950 relating to these items:
(i) Revenue included on Form 990, Part VII, line 1 ► \$
(ii) Assets included in Form 990, Part X ► \$

Schedule B (Form 990) 2020 DORCHESTER HABITAT FOR HUMANITY, INC. ***-***8123

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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3. Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a. Public exhibition
- b. Scholarly research
- c. Preservation or restoration operations
- d. Loan or exchange program
- e. Other

4. Provide a description of the organization's collections and explain how they further the organization's exempt purpose. In Part XII.

5. During the year, did the organization sell, or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a. Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

- b. If "Yes," explain the arrangement in Part XII; and complete the following table:

	Amount
1e	
1g	
1h	
1f	

- 2a. Did the organization receive an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

- b. If "Yes," explain the arrangement in Part XII. Check here if the explanation has been provided on Part XII.

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

(a) Beginning of year balance	(b) End-of-year balance	(c) Two years back	(d) Three years back	(e) Five years back
1a. Beginning of year balance				
b. Contributions				
c. Net investment earnings, gains, and losses				
d. Grants or scholarships				
e. Other expenditures for programs and programs				
f. Administrative expenses				
g. End-of-year balance				

2. Provide the estimated percentage of the current year end balance (line 1b, column (b)) held as:

- a. Board endowment or quid pro quo endowment ► %

- b. Permanent endowment ► %

- c. Term endowment ► %

The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a. Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

Yes	No
-----	----

- (i) Unrelated organizations

3a(i)	
-------	--

- (ii) Related organizations

3a(ii)	
--------	--

- b. If "Yes" on line 3a(i), are the related organizations listed as required on Schedule R?

3a(i)	
-------	--

4. Describe in Part XII the planned uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Category of property	(a) Cost or fair book value (b) (\$000)	(b) Deductible book value (c) (\$000)	(d) Accumulated depreciation (\$000)	(e) Net book value (\$000)
1a. Land		241,770		241,770
b. Buildings		1,615,783	497,189	1,118,595
c. Leasehold Improvements				
d. Equipment		152,318	60,591	91,727
e. Other		0	0	0
Total, Add lines 1a through 1e (Column (b) must equal Form 990, Part X, column (B), line 10a)				1,452,092

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(b) Description of security Investment securities	(c) Fair value Cost or original acquisition cost
(1) Financial derivatives
(2) Gilt-edged equity interests
(3) Other
(A)
(B)
(C)
(D)
(E)
(F)
(G)
(H)
Total (Column (b) must equal Form 990, Part X, col. (b), line 12.) ►

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Fair value	(c) Unrealized gain or loss Change in fair market value
(1)
(2)
(3)
(4)
(5)
(6)
(7)
(8)
Total (Column (b) must equal Form 990, Part X, col. (b), line 13.) ►

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Fair value
(1) LAND HELD FOR DEVELOPMENT	547,670
(2) CONSTRUCTION IN PROGRESS	349,055
(3) CURRENT ASSETS	71,910
(4) LAND HELD FOR INVESTMENT	1
(5)	.....
(6)	.....
(7)	.....
(8)	.....
(9)	.....
Total (Column (b) must equal Form 990, Part X, col. (b), line 15.) ►	968,636

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 20.

(a) Description of liability	(b) Fair value
(1) Federal income taxes
(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)
Total (Column (b) must equal Form 990, Part X, col. (b), line 20.) ►

2. Liability for Unpaid Tax Obligations: In Part XIII provide the rest of the details to the organization's financial statements that support the organization's liability for uncertain tax positions under FASB ASC 740. Check yes if the rest of the following has been provided in Part XIII.

Part XI. Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1 Total revenue, gains, and other support per audited financial statements	1	2,378,858
2 Amounts included on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities	2b	
c Receipts of prior year grants	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d	2e	
3 Subtotal, line 2e from line 1	3	2,378,858
4 Amounts included on Form 990, Part VII, line 12, but not on line 3:		
a Investment expenses not included on Form 990, Part VIII, line 7a	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,378,858

Part XII. Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1 Total expenses and losses per audited financial statements	1	1,787,050
2 Amounts included on Form 990, Part X, line 2a:		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d	2e	
3 Subtotal, line 2e from line 1	3	1,787,050
4 Amounts included on Form 990, Part X, line 2b, but not on line 1:		
a Investment expenses not included on Form 990, Part VII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b	4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,787,050

Part XIII. Supplemental Information.

Provide the descriptions required for Part I, lines 3, 5, and 6; Part III, lines 1a, 2a, 4; Part IV, lines 1b, 2b, 3b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2a and 4b. Also complete this part to provide any additional information.

PART XIII - SUPPLEMENTAL FINANCIAL INFORMATION

THE AFFILIATE MORTGAGE SERVICES (AMS) SERVES AS THE ESCROW AGENT FOR DORCHESTER HABITAT FOR HUMANITY. AMS COLLECTS MONTHLY PAYMENTS FOR THE HOMEOWNERS' INSURANCE, TERMITE BONDS AND REAL PROPERTY TAXES.

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SCHEDULE G
(Form 990 or 990-EZ)**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part V, line 17, 18, or 19, or if the organization entered more than \$10,000 on Form 990-EZ, line 52.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2020Open to Public
YearbooksReported to the Treasury
Item: Revenue Subsidy

Name of organization:

DORCHESTER HABITAT FOR HUMANITY, INC

Employer identification number

★★-***8123

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part V, line 17. Form 990-EZ filers are not required to complete this part.

1. Indicate whether the organization raised funds through one of the following activities. Check all that apply:

- | | |
|---|--|
| a <input type="checkbox"/> Mail solicitations | b <input type="checkbox"/> Solicitation of non-government grants |
| c <input type="checkbox"/> Internet, email, and telephone | d <input type="checkbox"/> Solicitation of government grants |
| e <input type="checkbox"/> Phone solicitations | f <input type="checkbox"/> Special fundraising events |
| g <input type="checkbox"/> In-person solicitations | |

2a. Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VI) or entity in connection with professional fundraising services? Yes No

b. If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the 10 raisers will be compensated at least \$5,000 by the organization.

(a) Name and address of trustee or entity (individual)	(b) Article of Article of constitution or by-laws controlling contribution activities	(c) Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VI) or entity in connection with professional fundraising services?		(d) Name and address of individual(s) or entity(ies) listed in (c) above	(e) Annual paid to individual(s) or entity(ies) listed in (c) above
		(f) Yes	(g) No		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Total					

3. List all states in which the organization is registered or licensed to solicit contributions if it has been notified it's exempt from registration or licensing.

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Schedule G (Form 990 or 990-EZ) 2020

DORCHESTER HABITAT FOR HUMANITY, INC. ***-***8123

Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 10, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 8. List events with gross receipts greater than \$5,000.

	(b) Description <u>SPECIAL EVENTS</u> [check box]	(d) Event # [check box]	(e) Amount <u>NONE</u> [check box]	(f) Total amount [add all (d) amounts and (e)]
			(g) Description [check box]	
Revenue	1 Gross receipts	75,671		75,671
	2 Less: Contributions			
	3 Gross Income (line 1 minus line 2)	75,671		75,671
Direct Expenses	4 Cash prizes			
	5 Noncash prizes			
	6 Raffle/bingo/cards			
	7 Food and beverages			
	8 Entertainment			
	9 Other direct expenses	27,143		27,143
	10 Direct expense summary. Add lines 4 through 9 in column (d)			27,143
	11 Net income summary. Subtract line 10 from line 3, column (d)			48,528

Part III Gambling. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 8a.

	(b) Description [check box]	(d) Estimated percentage of days organization was open	(e) Days estimated as profitable	(f) Total amount [add all (d) amounts]
				(g) Description [check box]
Revenue	1 Gross revenue			
Direct Expenses	2 Cash prizes			
	3 Noncash prizes			
	4 Raffle/bingo/cards			
	5 Other direct expenses			
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No
	7 Direct expense summary. Add lines 2 through 6 in column (d)			
	8 Net gambling revenue summary. Subtract line 7 from line 1, column (d)			

- 9 Enter the state(s) in which the organization conducts gambling activities
- a Is the organization licensed to conduct gambling activities in each of these states?
- b If No, explain

900 Were any of the organization's operating licenses revoked, suspended, or terminated during the last year?

b If Yes, explain

Yes No

Yes No

Schedule G (Form 990 or 990-EZ) 2020 DORCHESTER HABITAT FOR HUMANITY, INC *-***0123 Page 3**

- 11 Does the organization conduct gaming activities with its members? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a rev. org. or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 State the name and address of the person who oversees the organization's gaming operations, events, books and records.

Name ►

Address ►

- 15a Does the organization have a contract with a third party for all the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$
- c If "Yes," enter name and address of the third party.

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ► \$

Description of services provided ►

Disinvolvement Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to within the state gaming license? Yes No
- b Enter the amount of charitable or regular, under state law to be distributed to other exempt organizations or spent in the organization's own operational activities during the tax year ► \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (V); and Part III, lines 9, 9b, 10b, 13b, 15c, 16, and 17b as applicable. Also provide any additional information. See Instructions.

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SCHEDULE M
(Form 990)Information About Tax-Exempt
Investment Activities**Noncash Contributions**

OMB No. 1545-0391

2020**Open To Public
Inspection**

- Complete if the organization answered "Yes" on Form 990, Part IV, Item 20 or 21.
- Attach to Form 990.
- Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

DORCHESTER HABITAT FOR HUMANITY, INC

Organizational status

-9123

Part I. Types of Property

	(a) Check if applicable	(b) Method of accounting for noncash contributions	(c) Noncash contributions amounts reported on Form 990 Part IV, line 20	(d) Method of accounting for noncash contributions
1 Art - Works of art				
2 Art - Historical resources				
3 Art - Political interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Retirement - Publicly traded				
10 Securities - Directly held stock				
11 Securities - Partnership, C corporations, interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Equipment				
22 Historical artifacts				
23 Scientific specimens				
24 Audiovisual, exhibits				
25 Char.¶ CONSTRUCTION MA	X	18940	25,440	COST
26 Char.¶ SERVICES IN KIN	X	6500		FMV
27 Char.¶				
28 Char.¶				

Number of Forms 990s received by the organization during the tax year for contributions for
which the organization estimates Form 990s, Part IV, Line 20c, column (c), is

29

30a During the year did the organization receive by contribution any property reported in Part I, line 1 through
28, that it must hold for at least three years from the date of the initial contribution, and which is not required
to be used for exempt purposes for the entire holding period?

b If Yes, describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonexcluded
contributions?32a Does the organization hire or use third parties or related organizations to solicit, process, or record noncash
contributions?

b If Yes, describe in Part I.

33 Is the organization failing to report in column (g) for a type of property for which column (c) is claimed
elsewhere in Part II?

	Yes	No
30a		X
31		X
32a		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2020

SCHEDULE O
 (Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZComplete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

- Attach to Form 990 or 990-EZ.
- Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0397

2020Open to Public
Inspection

Employer identification number

* * - * * * 8123

DORCHESTER HABITAT FOR HUMANITY, INC**FORM 990 - ORGANIZATION'S MISSION****PART I, LINE 1 & PART III, LINE 1**

DORCHESTER HABITAT FOR HUMANITY, INC.'S ("DHFH") MISSION STATEMENT IS "PUTTING GOD'S LOVE INTO ACTION BY BRINGING PEOPLE TOGETHER BUILDING HOMES AND HOPE." DHFH WAS FOUNDED IN 1993 AND HAS BUILT SIXTY-SEVEN (67) HOMES. DHFH IS AN APPROVED AFFILIATE OF HABITAT FOR HUMANITY INTERNATIONAL ("HFHI"), BUT IT DOES NOT RECEIVE ANY MONETARY FUNDING FROM HFHI. DHFH BUILDS NEW HOMES IN PARTNERSHIP WITH LOW-WEALTH FAMILIES IN DORCHESTER COUNTY, SOUTH CAROLINA, WHO HAVE A DEMONSTRATED NEED FOR AFFORDABLE AND DECENT HOUSING. HABITAT HOMES ARE BUILT BY DHFH'S CONSTRUCTION CREW AND HUNDREDS OF VOLUNTEERS, INCLUDING FUTURE AND CURRENT HABITAT HOMEOWNERS. DHFH SELLS HABITAT HOMES TO QUALIFIED FUTURE HOMEOWNERS IN ITS HOMEOWNERSHIP PROGRAM.

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT

CONSTRUCTION AND HOMEOWNERSHIP PROGRAM - DHFH PARTNERS WITH LOW-WEALTH FAMILIES IN NEED OF AFFORDABLE AND DECENT HOUSING TO BUILD NEW HOMES THAT ARE SOLD TO THE QUALIFIED FUTURE HOMEOWNERS. DHFH'S HOMEOWNERSHIP PROGRAM REQUIRES THAT FAMILIES: HAVE LIVED AND/OR WORKED IN DORCHESTER COUNTY, SOUTH CAROLINA FOR AT LEAST ONE YEAR; DEMONSTRATE A NEED FOR AFFORDABLE AND DECENT HOUSING; EARN BETWEEN 35%-80% OF THE MEDIAN INCOME FOR DORCHESTER COUNTY, BASED UPON THE SIZE OF THE FAMILY THAT WILL RESIDE IN THE HABITAT HOME; HAVE AND MAINTAIN A HOUSING EXPENSES-TO-INCOME RATIO OF 32% OR LESS; HAVE AND MAINTAIN A DEBT-TO-INCOME RATIO AT OR BELOW 40%; HAVE AND MAINTAIN A GOOD CREDIT HISTORY; WORK AT LEAST 425 "SWEAT-EQUITY" HOURS IN

Name of the organization

DORCHESTER HABITAT FOR HUMANITY, INC

Employer identification number

-8123

PARTNERSHIP WITH DHFH; AND PASS CRIMINAL RECORD AND SEX OFFENDER REGISTRY CHECKS.

THE HOMEOWNERSHIP PROGRAM ASSISTS FUTURE HOMEOWNERS TO BECOME FINANCIALLY STABLE AND INDEPENDENT BY REQUIRING THAT FAMILIES COMPLETE AT LEAST 25 "SWEAT-EQUITY" HOURS OF BUDGET, CREDIT, FINANCIAL AND HOMEOWNERSHIP COUNSELING AND COACHING WITH THE FINANCIAL TRANSFORMATION.

FUTURE HOMEOWNERS ARE REQUIRED TO WORK AT LEAST 60 "SWEAT-EQUITY" HOURS IN BUILDING OTHER FUTURE HOMEOWNERS' HABITAT HOMES AND AT LEAST 60 "SWEAT-EQUITY" HOURS BUILDING THEIR OWN HABITAT HOME. HOMEOWNERS PAY DHFH AN INTEREST-FREE MORTGAGE OVER TWENTY, TWENTY-FIVE, OR THIRTY YEARS. MONTHLY MORTGAGE PAYMENTS INCLUDE A PORTION OF THE PRINCIPAL AMOUNT OF THE MORTGAGE, AND ESCROWS FOR HOMEOWNERS' INSURANCE, PROPERTY TAXES AND TERMITE BONDS.

THE MORTGAGE PRINCIPAL PAYMENTS GO BACK TO THE ORGANIZATION AND ARE USED TO PURCHASE LAND AND CONSTRUCTION MATERIALS TO BUILD ADDITIONAL HABITAT HOMES. DHFH'S CONSTRUCTION AND HOMEOWNERSHIP PROGRAM UTILIZES MOSTLY VOLUNTEER LABOR, AT LEAST 2000 HOURS OF VOLUNTEER LABOR PER HOME, TO BUILD HABITAT HOMES.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE PRESIDENT AND CEO AND TREASURER FOR THE BOARD OF DIRECTORS REVIEW THE 990.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
EACH BOARD MEMBER COMPLETES AND SIGNS A CONFLICT OF INTEREST POLICY AND DISCLOSURE FORM ON AN ANNUAL BASIS.

Name of the organization:

DORCHESTER HABITAT FOR HUMANITY, INC

Employer identification number

-8123

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
 THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE COMPENSATION FOR THE PRESIDENT AND CEO ON AN ANNUAL BASIS. THE BOARD OF DIRECTORS APPROVES THE ANNUAL BUDGET CONTAINING THE PRESIDENT AND CEO'S COMPENSATION. THE COMPENSATION FOR OTHER STAFF MEMBERS IS REVIEWED AND EVALUATED BY THE PRESIDENT AND CEO ON AN ANNUAL BASIS BASED UPON EACH STAFF MEMBER'S WRITTEN JOB DESCRIPTION, ANY PROMOTIONS OR CHANGES IN JOB RESPONSIBILITIES, COMPARABLE DATA FROM HABITAT FOR HUMANITY INTERNATIONAL, COMPARABLE DATA FROM OTHER HABITAT FOR HUMANITY AFFILIATES IN SOUTH CAROLINA AND FROM COMPARABLE DATA FROM OTHER LOCAL NON-PROFIT ORGANIZATIONS. PERFORMANCE REVIEWS OF THE PRESIDENT AND CEO ARE CONDUCTED BY THE BOARD OF DIRECTORS ANNUALLY. THE PRESIDENT AND CEO CONDUCTS THE PERFORMANCE REVIEWS ON KEY EMPLOYEES AND THE RESTORE MANAGER CONDUCTS THE REVIEWS FOR THE RESTORE EMPLOYEES.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
 DORCHESTER HABITAT FOR HUMANITY, INC. ("DHFH") WILL PROVIDE ITS SPECIFIC GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY TO THE PUBLIC UPON REQUEST. DHFH'S CURRENT FINANCIAL STATEMENTS ARE AVAILABLE ON ITS WEB SITE AT WWW.DORCHESTERHABITAT.ORG. GENERAL INFORMATION REGARDING HABITAT FOR HUMANITY INTERNATIONAL POLICIES ARE AVAILABLE AT WWW.MYHABITAT.ORG.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION
 ROUNDING \$ 0

Form 990-TDepartment of the Treasury
Internal Revenue Service**Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))**For calendar year 2020 or earlier for tax years beginning **07/01/20**, and ending **06/30/21**.► Go to www.irs.gov/Form990T for instructions and the most information.

► Do not enter EIN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0302

2020Open to Public Inspection
for 501(c)(3)
Organizations Only

A <input type="checkbox"/> Check here if applicable. B <input checked="" type="checkbox"/> Check under section 501(c)(3): <input type="checkbox"/> 501(c) <input type="checkbox"/> 501(d) <input type="checkbox"/> 501(e) <input type="checkbox"/> 501(h)	Dates of organization: <input type="checkbox"/> Check for more changes see Part II, line 1 Print or Type DORCHESTER HABITAT FOR HUMANITY, INC Number, street, and route, if applicable, to the W-9 address: 101 GREYBACK ROAD City, state, zip or country and code for foreign only: SOMMERVILLE SC 29483 C Beginning of all assets at end of year: ► 4,637,729	D Employer identification number #4-EWWB123 E Group exemption trustee (see instructions) F <input type="checkbox"/> Check box if an extended return.
G Check organization type ► <input checked="" type="checkbox"/> 501(c)(3) corporation <input type="checkbox"/> 501(c)(3) trust <input type="checkbox"/> 501(c)(2) trust <input type="checkbox"/> Other bus. H Check filing entity to ► <input type="checkbox"/> Claim credit on Form 8891 <input type="checkbox"/> Claim a refund shown on Form 2290 I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) (holding corporation). ► <input type="checkbox"/> J Enter the number of <u>months</u> Schedule A Form 890-T: ► 1 K During the tax year, was the corporation a subsidiary in an affiliated group or a parent subsidiary out-of-group? ► <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If "Yes," enter the name and identifying number of the parent corporation) L The name on or care of ► JAYNE JONES ELLIOTT Telephone number ► 843-851-1414		
Part I Total Unrelated Business Taxable Income		
1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	-57,212
2 Recovery 3 Add lines 1 and 2 4 Charitable contributions (see instructions for limitation rules) 5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 1 6 Deduction for net operating loss. See instructions 7 Total of unrelated business taxable income before specific deduction and section 1996 deduction. Subtract line 6 from line 5 8 Specific deduction (generally \$1,000, but see below for exceptions) 9 Trusts. Section 1996 deduction. See instructions 10 Total deductions. Add lines 8 and 9 11 Unrelated business taxable income. Subtract line 10 from line 7. If less than line 7, enter -000 or 000/000	2	-57,212
.....	3	-57,212
.....	4	0
.....	5	-57,212
.....	6	0
.....	7	-57,212
.....	8	1,000
.....	9	1,000
.....	10	0
.....	11	0
Part II Tax Computation		
1 Organizations treated as corporations. Multiply Part I line 1 by 21% (0.21) 2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) 3 Proxy tax. See instructions 4 Charitable contributions. See instructions 5 Alternative minimum tax trusts only 6 Tax on noncompliant facility income. See instructions 7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	1	0
.....	2	0
.....	3	0
.....	4	0
.....	5	0
.....	6	0
.....	7	0

For Paperwork Reduction Act Notice, see Instructions.

Form 990-T (2020)

Part III Tax and Payments

1a	
b	
c	
d	
e Total credits. Add lines 1a through 1d	
2 Subtract line 1e from Part II, line 7	
3 Other taxes. Check if from:	<input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here ►	0
5 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	
6a Payments: A 2019 overpayment credited to 2020	
b 2020 estimated tax payments. Check if section 643(g) election applies	► <input type="checkbox"/>
c Tax deposited with Form 8866	
d Foreign organizations: Tax paid or withheld at source (see instructions)	
e Backup withholding (see instructions)	
f Credit for small employer health insurance premiums (attach Form 8941)	
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total ►	
7 Total payments. Add lines 6a through 6g	
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached	► <input type="checkbox"/>
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	►
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	►
11 Enter the amount of line 10 you want: Credited to 2021 estimated tax ►	Refunded ►

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

	Yes	No
1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ►	X	
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	X	
If "Yes," see instructions for other forms the organization may have to file.		
3 Enter the amount of tax-exempt interest received or accrued during the tax year ► \$		
4a Did the organization change its method of accounting? (see instructions)	X	
b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			May the IRS discuss this return with the preparer shown below (see instructions)?	
	► <i>Derrick V. Apple</i> ► PRESIDENT & CEO			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Signature of officer	Date <i>10/28/2021</i>	Title			
Paid Preparer Use Only	Print/Type preparer's name DERRICK V. APPLE, CPA	Preparer's signature DERRICK V. APPLE, CPA	Date 10/28/21	Check <input type="checkbox"/> if self-employed	PTIN *****8804
	Firm's name ► JARRARD, NOWELL & RUSSELL, LLC		Firm's EIN ►	★★-***8804	
	975 MORRISON DR				
	Firm's address ► CHARLESTON, SC 29403		Phone no.	843-723-2768	

SCHEDULE A
(Form 990-T)**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0047

2020Approved for Treasury
Form 990-T Use

► Enter organization name for training, use and tax identification number.
► Do not enter EIN numbers on this form as it may be more public if your organization is a 501(c)(3).

Open to Public Inspection
Under Circular 501(c)(3) Organizations Only

A Name of the organization DORCHESTER HABITAT FOR HUMANITY, INC.	B Employer identification number ***-**8123
C Unrelated Business Activity Code (see Instructions) ► 442000	D Sequence 1 of 1

E Describe the unrelated trade or business ► **RESTORE**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales				
b Less returns and allowances	a Balance			
2 Cost of goods sold (Part II, line 8)				
3 Gross profit (Subtract line 2 from line 1)				
4a Capital gain (see below) (Line 3d - 3) (Form 1041 or Form 1120) (see instructions)				
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)				
c Capital loss deduction for trusts				
5 Income (loss) from partnership (and S corporation) (attach schedules) 1				
6 Rent income (Part IV)				
7 Unrelated debt-financed income (Part V)				
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)				
9 Investment income of employee stock (ES) (7), (9), or (17) organization (Part VII)				
10 Capital appreciation income (Part VIII)				
11 Advertising income (Part IX)				
12 Other income (see Instructions; attach statement) SEE STATEMENT 1	12	371,156		371,156
13 Total, Column Income 3 through 12	13	371,156		371,156

**Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly
correlated with the unrelated business income**

1 Compensation of officers, directors, and trustees (Part X)			1	
2 Salaries and wages			2	119,359
3 Repairs and maintenance			3	
4 Bad debts			4	
5 Interest (attach statement (see instructions))			5	42,458
6 Taxes and licenses			6	10,669
7 Depreciation (attach Form 4562) (see instructions)			7	9,067
8 Loss cancellation claimed in Part III and elsewhere on return			8a	9,067
9 Charitable			9	
10 Contributions to deferred compensation plans			10	
11 Employee benefit programs			11	
12 Excess accruals, expenses (Part VIII)			12	
13 Excess reimbursable costs (Part IX)			13	
14 Other reductions (attach statement) SEE STATEMENT 3			14	276,821
15 Total deductions, Add lines 1 through 14			15	428,368
16 Unrelated business income before net operating loss reduction. Subtract line 15 from Part I, line 13 column (C)			16	-57,212
17 Deduction for net operating loss (see instructions)			17	
18 Unrelated business taxable income. Subtract line 17 from line 16			18	-57,212

For Paperwork Reduction Act Notice, see Instructions.

Schedule A (Form 990-T) 2020

Part III : Cost of Goods Sold		Expenditure of inventory retained	
1	Inventory at beginning of year		1
2	Purchases		2
3	Cost of labor		3
4	Additional station, 2020, costs (attach statement)		4
5	Other costs (attach statement)		5
6	Total, Add lines 1 through 5		6
7	Inventory at end of year		7
8	Cost of goods sold. Subtract line 7 from line 3. Enter here and on Part I, line 2		8
9	Do the rules of section 263A (with respect to property produced or acquired for resale; apply to the organization)	Yes	No

Part IV : Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a rental (see instructions)

- A
B
C
D

	A	B	C	D
2	Amount received or accrued			
a	From lessors, a copy of the percentage of rent for seasons property is more than 10% vs. less than 50%			
b	From real and personal property (If the percentage of rent for personal property exceeds 10% or if the rent is based on profit or income)			
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D			

3 Total rents received or accrued. Add the 2a, column A through D. Enter here and on Part I, line 6, column (A)

>

4 Deductions directly connected with the rents

1. (line 2a) and 2b (attach statement)

1.	(line 2a) and 2b (attach statement)		

5 Total deductions. Add the 4 columns A through D. Enter here and on Part I, line 6, column (D)

>

Part V : Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (name, address, city, state, ZIP code). Check if a rental (see instructions)

- A
B
C
D

	A	B	C	D
2	Gross income item allocable to debt-financed property			
3	Deductions directly connected with or allocable to debt-financed property			
a	Straight line depreciation (attach statement)			
b	Other deductions (attach statement)			
c	Total deductions (add lines 3a and 3b, columns A through D)			
d	Amount of average acquisition debt on debt-financed property (attach statement)			
e	Average adjusted month of a taxable or debt-financed property (attach statement)			
f	Gross (line 2) by line 5	%	-	%
g	Gross (line 2) - (line 3c) by line 6	%	-	%

8 Total gross income (add the 7 columns A through D). Enter here and on Part I, line 7, column (A)

>

9 Average dividends. Multiply line 4 by line 7

9.	Average dividends. Multiply line 4 by line 7		

10 Total allocable deductions. Add the 6, columns A through D. Enter here and on Part I, line 7, column (D)

>

11 Total dividends-received deductions included in line 10

>

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see Instructions)

1. Name of controlled organization	2. Employer identification number	Exempt/Nonexempt: Controlled Organization			
		3. Net unrelated income (loss) (see instructions)	4. Total unrelated income from controlled organization	5. Part of column 4 that is included in the controlling organization's gross income	6. Unrelated income (loss) from controlled organization
II					
III					
IV					
V					

Nonexempt: Controlled Organizations

7. Total income	8. Nonexempt income (loss) (see instructions)	9. Type of control percentage	10. Part of column 8 that is included in the controlling organization's gross income	11. Deductions (if any) attributed to controlled org. (see column 11)
II				
III				
IV				
V				
Total			See columns 8 and 10. Enter here and on Part I line 1, column (2).	Add columns 8 and 11. Enter here and on Part I line 1, column (2).

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see Instructions)

1. Description of asset	2. Fair market value	3. Portion directly connected (see statement)	4. Deduction (plus adjustment)	5. Total deduction not deductible (see column 3 and 4)
II				
III				
IV				
V				
Total		Add amounts in column 2. Enter here and on Part I, line 10, column (2).		Add amounts in column 5. Enter here and on Part I, line 10, column (2).

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see Instructions)

1. Description of exploited activity				
2. Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (4)				2
3. Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, and Part II, line 18				3
4. Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7				4
5. Gross income from activity that is not unrelated business income				5
6. Expenses attributable to income entered on line 5				6
7. Excess exempt expenses. Subtract line 6 from line 5, but do not enter more than the amount on line 4				7
8. Enter here and on Part II, line 12				

Part IX Advertising Income

1 Number of publications(s). Check box if reporting two or more publications on a consolidated basis.

- A
B
C
D

Enter amounts for each publication listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
a Add columns A through D. Enter here and on Part I, line 11, column (A)				
3 Direct advertising costs by publication				
a Add columns A through D. Enter here and on Part I, line 11, column (A)				
4 Advertising gain (loss). Subtract line 3 from line 2. For any column line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero do not complete lines 5 through 7 and enter zero on line 11				
5 Relationship costs				
6 Organization income				
7 Excess residential costs. If the 6 is less than the 5, subtract line 6 from line 5. If the 6 is less than line 8 enter zero				
8 Excess residential costs allowed as a deduction. For each column showing a gain or loss 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the line 8a, column 10 or zero here and on Part II, line 12				

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Total	3 Percentage of compensation available to trustees, directors, and officers	4 Compensation available to trustees, directors, and officers
10			
11			
12			
13			

Total. Enter here and on Part II line 1

Part XI Supplemental Information (see instructions)

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Federal Statements**RESTORE****Statement 1 - Schedule A (990T), Part I, Line 12 - Other Income**

	Description	Amount
CONTRACTS	1480 DORCHESTER HABITAT FOR HUMANITY INC	\$ 372,136
TOTAL		\$ 372,136

RESTORE**Statement 2 - Schedule A (990T), Part II, Line 5 - Deductible Interest**

	Description	Amount
INTEREST		\$ 12,456
TOTAL		\$ 12,456

RESTORE**Statement 3 - Schedule A (990T), Part II, Line 14 - Other Deductions**

	Description	Amount
FACILITIES & EQUIPMENT		\$ 12,424
VEHICLES		4,512
INSURANCE		3,954
ADVERTISING		20,120
VOLUNTEER & PROFESSIONAL		7,533
SUPPLIES/DECOMMISSION		5,213
COGS		310,479
TRAVEL & SIMILAR		1,053
MEALS AND ENTERTAINMENT		1,040
PROFESSIONAL FEES		17,565
TOTAL		\$ 218,821

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)
 Note: For any vehicle (if you are using the standard mileage rate or deducting lease expense), complete only 24c, 24L, columns 1 through 3 of Section A, all of Section B, and Section C (and cols. 1-3).

Section A—Depreciation and Other Information (Caution: See the instructions for rules to prevent list items.)

24a. Description of property (business or other use)				Yes	No	24b. If "Yes," is the evidence written?		Yes	No
24c. Type 10% property P-24-24-64	10% Type placed in service	✓ Business recreational or other use	10% Business recreational or other use						
25. Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See Instructions						25			
26. Property used more than 50% in a qualified business use									
2007 FORD F150 03/03/21	100.00%	4,862	4,862	5.0	S/L-	324			
CHEVY TRUCK 06/17/21	100.00%	58,924	58,924	5.0	S/L-				
27. Property used 50% or less in a qualified business use:									
	✓				81 -				
	✓				81 -				
28. Add amounts in column (b), lines 25 through 27. Enter here and on line 27, page 1.						28		324	
29. Add amounts in column (b) line 26. Enter here and on line 7, page 1.								29	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other more than 5% owner, or related person. If you provide vehicles to your employees, find answers the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30. Total business miles driven during the year (do not include commuting miles)	✓ Vehicle 1	10% Vehicle 2	10% Vehicle 3	10% Vehicle 4	10% Vehicle 5	10% Vehicle 6				
31. Total commuting miles driven during the year										
32. Total other personal (noncommuting) miles driven										
33. Total miles driven during the year (Add lines 30 through 32)										
34. Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35. Was the vehicle used primarily by a more than 5% owner or related person?										
36. Is another vehicle available for personal use?										

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you need an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See Instructions.

37. Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		Yes	No
38. Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.			
39. Do you prohibit use of vehicles by employees for personal use?			
40. Do you provide more than ten vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information reasonably?			
41. Do you meet the requirements concerning employee automatic examination? See Instructions.			

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Authorization

42. Authorization of costs that begin during your 2020 tax year (see Instructions):	✓ Costs starting before 2020	✓ Costs continuing beyond 2020	✓ Amortizable amount	✓ Cost section	✓ For 2020 period of service	✓ Allocation of the cost
43. Authorization of costs that began before your 2020 tax year						43
44. Total. Add amounts in column (f). See the instructions for whom to sign!						44

Federal Asset Report**Form 990, Page 1**

<u>Asset</u>	<u>Description</u>	<u>In Service</u>	<u>Cost</u>	<u>Bus Sac %</u>	<u>179 Bonus</u>	<u>Book Bal Due</u>	<u>Per Capita Meth</u>	<u>Yr Crd</u>	<u>Current</u>
Prior MACRS:									
1 Building		6/30/06	1,514,004			,534,004	39 MM SL	111,025	38,300
2 Dell Computer #2		9/30/04	832	X		436	3 H Y SL	232	0
3 Dell Computer #1		8/30/04	916	X		458	3 H Y SL	916	0
4 Dell Computer #4		6/30/03	667			667	3 H Y SL	667	0
5 Dell Computer #5		6/30/03	667			667	3 H Y SL	667	0
6 Dell Computer #1		12/02/09	534	X		267	3 H Y SL	264	0
7 Dell Computer #2		12/02/09	534	X		267	3 H Y SL	264	0
8 Dell Computer #3		12/02/09	534	X		267	3 H Y SL	264	0
9 AudioVideo System		2/21/15	2,400	X		1,200	3 H Y SL	2,360	0
10 Telephone System		5/28/14	1,563	X		941	3 H Y SL	1,537	0
11 2006 Laptop X48 - 4574		3/21/03	194.6	X		97.3	3 H Y SL	18,428	0
12 2013 Laptop Pro		7/22/16	15,500	X		7,750	3 H Y SL	24,850	2,530
			<u>1,597,886</u>			<u>1,506,612</u>		<u>495,121</u>	<u>41,906</u>
Other Depreciation:									
13 Reserve Lighting		1/00/17	13,166			3,193	13 MO SL	3,076	579
14 Reserve Lighting		3/00/17	6,574			6,574	13 MO SL	1,303	435
15 HVAC		8/15/17	25,285			25,285	13 MO SL	4,216	740
16 Parking Lot Improvements		10/15/18	9,960			9,960	13 MO SL	993	965
17 Park Site		7/19/19	9,200			9,200	13 MO SL	1,130	1,840
18 Security Security System		8/22/19	5,150			5,150	13 MO SL	523	519
19 Access Points to Roads		11/27/20	8,220			8,220	13 MO SL	0	445
20 Mobile Storage Units		8/07/21	7,650			7,650	13 MO SL	0	131
21 TPAAL		8/30/21	6,035			6,035	13 MO SL	0	0
22 DONATED EQUIPMENT (FY)		6/07/20	7,000			7,000	13 MO SL	0	520
23 Land		1/03/20	271,779			211,779	0 - Land	0	0
	Total Other Depreciation		<u>428,199</u>			<u>948,199</u>		<u>11,228</u>	<u>8,6</u>
	Total ACRS and Other Depreciation		<u>428,199</u>			<u>948,199</u>		<u>11,228</u>	<u>8,6</u>
Listed Properties:									
20 2007 Ford F150		3/03/2	4,862			4,562	5 MO SL	0	324
22 CHEVY TRUCK		6/11/21	58,912			38,932	5 MO SL	0	0
			<u>53,756</u>			<u>63,786</u>		<u>0</u>	<u>324</u>
	Grand Totals		2,029,871			1,978,970		50,769	50,325
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/ing. Expense		0			0		0	0
	Net Grand Totals		<u>2,029,871</u>			<u>1,978,970</u>		<u>50,769</u>	<u>50,325</u>

SC Asset Report**Form 990, Page 1**

<u>Asset</u>	<u>Description</u>	<u>Date Acquired</u>	<u>U/C Services</u>	<u>Cost</u>	<u>Basis for Depreciation</u>	<u>SC FTO</u>	<u>SC Current</u>	<u>Federal Current</u>	<u>Difference Fed - SC</u>
Total MACRS:									
1 Building		6/30/08	1,514,004	1,514,004	45,799	38,150	38,150	0	0
2 Dell Computer #0		7/7/04	830	830	832	0	0	0	0
3 Dell Computer #1		8/20/04	816	816	916	0	0	0	0
4 Dell Computer #1		6/1/05	667	667	667	0	0	0	0
5 Dell Computer #3		6/1/05	667	667	667	0	0	0	0
6 Dell Computer #4		12/31/09	594	594	594	0	0	0	0
7 Dell Computer #2		12/31/09	594	594	594	0	0	0	0
8 Dell Computer #1		12/31/09	501	501	501	0	0	0	0
9 Audio/Video System		3/1/13	2,400	2,400	2,399	0	0	0	0
10 Telephone System		5/6/14	1,862	1,862	1,862	0	0	0	0
11 2005 Issue KPR - 4313		3/31/13	19,416	19,416	19,416	0	0	0	0
12 2013 Issue KPR		7/22/16	35,500	35,500	21,350	5,100	41,950	-4,550	-4,550
			1,507,880	997,200	8,509	48,450	41,950	-6,500	-6,500
Other Depreciation:									
13 Repair Expenses		1/1/01-2	14,180	14,180	3,007	879	879	0	0
14 Lease Liab.		6/30/17	6,524	6,524	1,505	445	405	0	0
15 HVAC		8/15/07	25,235	25,235	2,216	1,600	1,600	0	0
16 Parking Lot Improvement		10/15/18	9,980	9,980	396	653	653	0	0
17 Park Lot		11/10/10	9,800	9,800	1,130	1,840	1,840	0	0
18 Building Security System		8/22/09	3,150	3,150	123	310	310	0	0
19 Access Doors & Refurb		11/22/20	8,520	8,520	0	335	335	0	0
20 Walk-in storage units		6/30/21	7,850	7,850	0	131	131	0	0
21 HVAC		6/30/21	9,045	9,045	0	0	0	0	0
22 DONATED STORAGE UNITS (PV)		6/07/20	7,600	7,600	0	1,330	1,320	0	0
23 Land		1/01/20	241,770	241,770	0	0	0	0	0
	Total Other Depreciation		48,192	44,100	1,349	8,100	8,100	0	0
	Total ACRS and Other Depreciation		948,079	945,200	1,349	5,100	5,100	0	0
Listed Property:									
31 2007 Ram P 1500		5/03/21	4,462	4,462	0	32	32	0	0
32 CHRYSLER DODGE		5/17/21	55,374	55,374	0	0	0	0	0
			60,736	60,736	0	32	32	0	0
	Grand Total:		2,009,871	2,009,871	576,288	33,975	50,325	-3,550	-3,550
	Less: Disposition:		0	0	0	0	0	0	0
	Less: Start-up/Intg. Expense:		0	0	0	0	0	0	0
	Net Grand Total:		2,009,871	2,009,871	576,288	33,975	50,325	-3,550	-3,550

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FYB: 6/30/2021

AMT Asset Report**Form 990, Page 1**

Asset	Description	In Service	Cost	Bus. %	Accrual Basis for Depr.	Per Comp. Meth	Prior	Current
5-year CCR Property								
7	Mobile storage units	6/07/21	7,800	X	0	\$ 14020000	0	7,800
			<u>7,800</u>		<u>0</u>		<u>0</u>	<u>7,800</u>
Other MACRS								
17	Deck L/L	11/19/16	9,200	X	0	\$ 17420000	9,200	0
18	Residential Security System	8/22/19	0.150	X	0	\$ 15150000	0.150	0
24	TELEUTRONIC STORAGE UNITS (PY)	6/07/21	7,000	X	0	\$ 14200000	7,000	0
			<u>7,000</u>		<u>0</u>		<u>25,950</u>	<u>0</u>
Other Depreciation:								
1	PC - comp	6/30/08	0	C	0	CTY	0	0
2	Dot Computer #2	5/29/04	0	C	0	HY	0	0
3	Dot Computer #1	5/29/04	0	C	0	HY	0	0
4	Dot Computer #4	6/04/05	0	C	0	HY	0	0
5	Dot Computer #2	5/11/05	0	C	0	TEY	0	0
6	Dot Computer #1	5/02/05	0	C	0	HY	0	0
7	Dot Computer #3	5/02/05	0	C	0	HY	0	0
8	Dot Computer #1	5/02/05	0	C	0	HY	0	0
9	Analog Video System	2/01/15	0	C	0	TEY	0	0
10	Telephone System	5/08/14	0	C	0	HY	0	0
11	2005 Fleet NPI - 40.0	3/11/14	0	C	0	HY	0	0
12	2011 Fleet NPI	7/08/15	0	C	0	HY	0	0
13	Reserve Lighting	1/09/07	0	C	0	TEY	0	0
14	Reserve Lighting	6/04/17	0	C	0	HY	0	0
15	TMVAC	8/13/17	0	C	0	HY	0	0
16	Parking Lot Improvement	10/13/18	0	C	0	HY	0	0
18	Access Driveway to Building	11/27/20	0	C	0	TEY	0	0
22	TMVAC	6/04/21	0.000		0.000	x VD M.	0	0
25	Land	10/7/20	0	C	0	HY	0	0
Total Other Depreciation			<u>0.000</u>		<u>0.000</u>		<u>0</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>0.000</u>		<u>0.000</u>		<u>0</u>	<u>0</u>
Used Properties								
20	2017 Ford F150	3/03/21	0		0	0 HY	0	0
22	CHEVY TRUCK	6/17/21	58,921		58,921	\$ 240 SL	0	0
			<u>58,921</u>		<u>58,921</u>		<u>0</u>	<u>0</u>
Grand Totals			<u>0.000</u>		<u>0.000</u>		<u>0.000</u>	<u>0.000</u>
Less: Dispositions and Transfers			<u>0</u>		<u>0</u>		<u>0</u>	<u>0</u>
Net Grand Totals			<u>0.000</u>		<u>0.000</u>		<u>25,950</u>	<u>25,950</u>

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FYE: 6/30/2021

Bonus Depreciation Report**Form 990, Page 1**

Asset	Property Description	Date In Service	Tax Cost	Bus Pct.	Tax Sec 179 Ded	Current Bonus	Prov Bonus	Tax - Gross for Dep
3	Dell Computer #2	8/20/07	853		0	0	426	426
3	Dell Computer #3	8/20/07	916		0	0	448	448
7	Dell Computer #7	12/31/09	504		0	0	507	507
7	Dell Computer #2	10/30/09	544		0	0	287	287
8	Dell Computer #1	12/31/09	534		0	0	287	287
9	Apple Video Camera	2/01/15	2,100		0	0	1,200	1,200
10	Telephone System	8/18/14	1,862		0	0	931	931
11	2009 Bonus NPP - 4313	4/30/13	19,416		0	0	9,708	9,708
12	2013 Bonus Npc	9/22/15	35,500		0	0	17,750	17,750
16	Access Drama w/ Resale	7/27/20	8,620		0	0	0	0
23	HVAC	6/01/21	6,035		0	0	0	0
Grand Total			<u>80,203</u>		<u>0</u>	<u>0</u>	<u>31,774</u>	<u>48,929</u>

1480 Dorchester Hospital for Humanity, Inc.

++-***8123

FYE: 6/30/2021

10/28/2027 3:34 PM

Depreciation Adjustment Report

All Business Activities

***8123

Future Depreciation Report FYE: 6/30/22

FYE: 6/30/2021

Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date in Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
Print MACHS:					
1	Building	6/30/08	1,534,402	38,350	0
2	Dell Computer #3	8/29/04	384	0	0
3	Dell Computer #3	8/30/04	916	0	0
4	Dell Computer #3	6/1/05	567	0	0
5	Dell Computer #3	6/1/05	557	0	0
6	Dell Computer #4	12/12/09	542	0	0
7	Dell Computer #2	12/02/09	534	0	0
8	Dell Computer #1	12/02/09	527	0	0
9	Audio/Video System	2/27/13	2,400	0	0
10	Telephone System	3/30/14	1,002	0	0
11	2006 Isuzu NPR - 1313	3/30/13	35,416	0	0
12	2013 Isuzu Npr	7/22/16	15,500	3,550	0
			<u>1,537,853</u>	<u>41,300</u>	<u>0</u>
Other Depreciation:					
13	Reserve Lighting	10/31/17	13,184	3,293	0
14	Reserve Lighting	6/30/17	6,724	433	0
15	FPAAC	8/15/17	25,285	1,685	0
16	Parking Lot Improvements	1/15/18	5,550	606	0
17	Feds LLC	11/19/18	5,700	1,840	0
18	Sentinel Security System	8/22/19	5,150	610	0
19	Access Control to Garage	11/27/20	5,820	375	0
20	Mobile Garage Unit	6/1/22	3,656	1,570	0
22	EVAC	6/30/21	5,093	1,807	1,807
24	DEVALUTED STORAGE UNITS (FY)	6/30/20	3,600	1,320	0
25	Land	1/31/20	241,720	0	0
	Total Other Depreciation		<u>348,139</u>	<u>11,587</u>	<u>1,807</u>
	Total ACRS and Other Depreciation		<u>348,139</u>	<u>11,587</u>	<u>1,807</u>
Liquid Property:					
20	2007 Ford F150	3/03/21	4,807	974	0
22	CHEVY TRUCK	6/17/21	58,924	11,785	11,785
			<u>63,731</u>	<u>12,759</u>	<u>11,785</u>
	Gross Totals		<u>2,019,851</u>	<u>66,245</u>	<u>15,582</u>

SC Future Depreciation Report FYE: 6/30/22**Form 990, Page 1**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>SC</u>
Print, MACHINES:				
1	Building	6/30/09	1,534,064	0
2	Dell Computer #2	8/20/04	857	0
3	Dell Computer #1	8/20/04	816	0
4	Dell Computer #4	5/1/10/05	667	0
5	Dell Computer #3	5/1/10/05	667	0
6	Dell Computer #1	1/20/2009	534	0
7	Dell Computer #3	1/20/2009	534	0
8	Dell Computer #1	1/20/2009	531	0
9	Avility Video System	2/9/15	2,200	0
10	Telephone System	5/18/14	362	0
11	Smart Board XPK 2244-A	2/21/13	18,416	0
12	SOL3 Laser Npt	7/22/15	22,500	2,550
			<u>1,597,886</u>	<u>41,960</u>
Other Depreciation:				
13	Reserve f. String	1/1/2017	13,185	870
14	Avance L-300P	6/20/17	6,321	413
15	UVAC	8/1/17	15,285	1,685
16	Building Lot Improvements	10/1/2018	10,000	0
17	Park Lot	1/1/2015	5,200	1,840
18	Surveillance Security System	8/22/12	5,150	610
19	Access Control to Rooms	11/27/20	5,700	570
20	Mobile storage units	6/20/22	1,850	1,370
21	HVAC	6/16/21	5,000	1,807
24	DONATED STORAGE UNIT (PV)	6/17/20	7,600	1,520
25	Land	10/1/20	241,770	0
	Total Other Depreciation		<u>> 8,199</u>	<u>11,387</u>
	Total ACRS and Other Depreciation		<u>> 8,199</u>	<u>11,387</u>
Listed Property:				
20	4WD Ford F150	5/03/21	1,867	973
22	CHEVY TRUCK	8/17/21	56,924	11,735
			<u>56,786</u>	<u>12,718</u>
	Grand Totals		<u>2,096,891</u>	<u>56,245</u>

990-T

Business Income Activity Summary

2020

Name:

DORCHESTER HABITAT FOR HUMANITY, INC.Taxpayer Identification Number
W#-***8123

Business Activity Income (and allocation of Prior-2018 NOL)

A. Total Pre-2018 Net Operating Losses Carried Forward	N/A A.
B. Total Pre-2018 Net Operating Loss Allocated to Such Activities	B.
C. Total Pre-2018 Net Operating Loss Allocated to Form 8812-T, Line B	C.
D. Pre-2018 Allocation (B minus C)	D.
E. Pre-2018 Remaining (Line A minus Line D)	E.
F. Pre-2018 Net Operating Losses Existing this Year	F.
G. Pre-2018 Net Operating Losses Carried Forward	G.

Unrelated Business Income Activity with Income	Code	Not Income	Allocated Pre-2018 NOL
1.	1. ....	.....
2.	2. ....	.....
3.	3. ....	.....
4.	4. ....	.....
5.	5. ....	.....
6.	6. ....	.....
7.	7. ....	.....
8.	8. ....	.....
9.	9. ....	.....
10.	10. ....	.....
11.	11. ....	.....
12.	12. ....	.....
13.	13. ....	.....
14.	14. ....	.....
15. All other activities	15. ....	.....
16. Total taxable income	16. ....	.....

Business Activity Losses

Unrelated Business Income Activity with Losses	Code	Current Year Loss
1. RESTORE	642000	1. <u>-57,212</u>
2.	2.
3.	3.
4.	4.
5. All other activities	5.
6. Total	6. <u>-57,212</u>

Schedule A Loss Carryover Calculation

2020

Section RESTORE

Name

DORCHESTER HABITAT FOR HUMANITY, INCBusiness Name Tax ID# 442001439 EIN: FURNITURE AND HOME FURNISHINGS STaxpayer Identification Number
W4-948123

Each activity may carryforward losses after 2018

1	<u>Activity income</u>	<u>1</u> 371,156
2	<u>Activity deductions</u>	<u>2</u> 426,368
3	<u>Activity income or loss, after deductions</u>	<u>3</u> -57,212
4	<u>Losses carried over to this year (do not include amounts prior to 2018)</u>	<u>4</u> _____
5	<u>Enter 100% of the amount on Line 3. If both Lines 3 and 4 are negative,</u>	<u>5</u> _____
6	<u>Take the lesser of Line 4 or Line 5. Enter here and on Line 21 of Form 990-T, Sch A, Part II</u>	<u>6</u> _____
7	<u>Remaining losses to be carried forward to 2021 (Subtract Line 3 from Line 4)</u>	<u>7</u> _____
8	<u>If the 3 is less than zero, enter the amount here as a positive number</u>	<u>8</u> 57,212
9	<u>Total loss carried forward to 2021 (Add Lines 7 and 8)</u>	<u>9</u> 57,212

Electronic Filing reduces the report of additional amounts for this activity.

E1	<u>Activity loss amounts from 2015</u>	<u>E1</u> _____
E2	<u>Multi-year activity losses reduced on Schedule A, Line 17</u>	<u>E2</u> _____

Federal Statements**Taxable Interest on Investments**

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
MAXIMUS, INC. - 2014-0813-SP	\$ <u>73</u>					
LOT#2	\$ <u>73</u>					

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employees)

Description	Total Expenses	Program Service	Management & General	Fund Raising
PROPERTY FEES FOR USE OF FACILITIES	\$ 53,538	\$ 53,538	\$ 0	\$ 0
RENTS COLLECTED	\$ 14,417	\$ 14,417	\$ 0	\$ 0
FEES FOR SERVICES PROVIDED	\$ 1,391	\$ 1,391	\$ 0	\$ 0
TOTAL	\$ 69,345	\$ 69,345	\$ 0	\$ 0

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
TRAVEL EXPENSES	\$ 15,410	\$ 15,410	\$ 0	\$ 0
TELEPHONE EXPENSES	\$ 1,219	\$ 1,219	\$ 0	\$ 0
TRUCKS AND EQUIPMENT RENTALS	\$ 2,292	\$ 2,292	\$ 0	\$ 0
2005 AND 2006 EQUIPMENT RENTALS	\$ 621	\$ 621	\$ 0	\$ 0
2005 AND 2006 EQUIPMENT RENTALS	\$ 441	\$ 441	\$ 0	\$ 0
2005 AND 2006 EQUIPMENT RENTALS	\$ 657	\$ 657	\$ 0	\$ 0
2005-2006 COMMUNICATIONS	\$ 562	\$ 562	\$ 0	\$ 0
2005-2006 COMPUTER EQUIPMENT	\$ 251	\$ 251	\$ 0	\$ 0
2005-2006 CONSTRUCTION MATERIALS	\$ 1,065	\$ 1,065	\$ 0	\$ 0
2005-2006 EQUIPMENT	\$ 1,055	\$ 1,055	\$ 0	\$ 0
2005-2006 FOOD AND BEVERAGE	\$ 1,151	\$ 1,151	\$ 0	\$ 0
2005-2006 HOTELS	\$ 667	\$ 667	\$ 0	\$ 0
2005-2006 MEETINGS AND CONVENTIONS	\$ 332	\$ 332	\$ 0	\$ 0
2005-2006 PAYROLL AND BENEFITS	\$ 365	\$ 365	\$ 0	\$ 0
2005-2006 TRAVELING COSTS	\$ 300	\$ 300	\$ 0	\$ 0
2005-2006 UTILITIES AND CON	\$ 200	\$ 200	\$ 0	\$ 0
TOTAL	\$ 8,891	\$ 8,891	\$ 0	\$ 0
				\$ 6,732

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Federal Statements

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Schedule A, Part II, Line 1(e)

Description	Amount
CONTRACTS-LOKS RESTRICTED	\$ 377,303
CONTRACTS-REVENUE	-276,675
CONTRACTS-300P RESTRICTED	45,684
CONTRACTS-300P RESTRICTED	10,945
SHREWDERS - S K-AD	6,300
TOTAL	\$ 321,332

Schedule A, Part II, Line 9(a)

Description	Amount
WICHLI DANN J TRUST FIDUCIARY	\$ 37,156
LB 93 : DIRECTOR	-129,363
TOTAL	\$ -92,217

Schedule A, Part II, Line 10(e)

Description	Amount
SHREWDERS - S K-AD	\$ 75,671
SHREWDERS - S K-AD	\$ 75,671

Schedule A, Part II, Line 12 - Current year

Description	Amount
HOPC ESTATE, 301 WOODBURY DR, 10000000-ADMA-12	\$ 14,697
2005-14 10000000-ADMA-12	112,657
SHREWDERS - S K-AD	79
SHREWDERS - S K-AD	132,975
TOTAL	\$ 353,455

***8123

FYE: 6/30/2021

Federal Statements**RESTORE****Form 990-T / Schedule A - Interest Deductions Not Taken Elsewhere**

Description	Amount
Interest	\$ 12,453
TOTAL	\$ 12,453